

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3867AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/01/2009
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS CASTLE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2060 ARCANE AVE RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 4/30/09 to 6/1/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. One discharged resident file was reviewed. Complaint #NV00021683 was substantiated. The following deficiencies were identified:	Y 000		
Y 773 SS=G	449.2726(1)(a)(1)(2) 449.2726(1)(a)(b) Diabetes NAC 449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed by: (1) The resident himself, without assistance; or (2) A medical laboratory licensed pursuant to chapter 652 of NRS; and This Regulation is not met as evidenced by:	Y 773		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 773	Continued From page 1 Based on record review and interview from 4/30/09 to 5/18/09, the facility did not ensure that blood glucose testing for a diabetic resident was performed by the resident without assistance (Resident #1). Findings include: Review of records on 4/30/09 revealed that Resident #1 was admitted to the facility on 11/13/08. Among her diagnoses was insulin dependant diabetes mellitis that required testing of her blood sugar four times a day, before meals and at bedtime, to determine her need for a fast acting insulin injection. In interview on 4/30/09, Caregiver #1 stated that Resident #1 had been doing all diabetes care for herself when she first came to the facility. The caregiver reported that about a month after admission, Resident #1 "just stopped doing her blood sugar testing" and the staff started helping the resident by guiding her hands with their hands to hold the needle to stick her finger, with putting the blood onto the test strip, reading the results and writing it down. In interview on 5/5/09, the administrator admitted he knew that his staff had been assisting Resident #1 with her blood sugar testing. Severity: 3 Scope: 1	Y 773			
Y 775 SS=G	449.2726(1)(b)(1) Residents having diabetes 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (b) The resident's medication is administered:	Y 775			

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Y 775	<p>Continued From page 2</p> <p>(1) By the resident himself without assistance;</p> <p>This Regulation is not met as evidenced by: Based on record review, visitor and staff interviews from 4/30/09 to 5/18/09, the facility did not ensure a diabetic resident who required insulin was able to administer the medication without assistance (Resident #1).</p> <p>Findings include:</p> <p>Resident #1's medical records from the skilled nursing facility where the resident lived prior to admission to this group care facility were reviewed. The records revealed Resident #1 was prescribed to inject herself with Lantus insulin every day at bedtime. She was to also test her blood sugar four times a day (before meals and at bedtime) and give herself regular insulin on a sliding scale according to the the results of the blood sugar tests (fingersticks). When evaluated by skilled facility staff on her abilities to care for her diabetes, the nurse wrote "pt able to do the finger stick but needed assistance with insulin". The skilled nursing facility physical therapist noted the resident had cognitive deficits and decreased safety awareness.</p> <p>In interview on 4/30/09, Caregiver #1 stated that Resident #1 stopped doing her own diabetes care about a month after being admitted to the group care home. The caregiver reported staff started to help guide the resident's hands with their hands to do the finger sticks. The caregiver reported staff drew up the amount of insulin based on the blood sugar reading and helped the</p>	Y 775			

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Y 775	Continued From page 3 resident inject the insulin. Caregiver #1 admitted that Resident #1 did not even look at the syringe to verify the dose before giving herself the injection. In interview on 5/15/09, the facility administrator stated he evaluated Resident #1 in the skilled nursing facility and trusted the statements of the skilled nursing facility staff when they told him that she could do all her own diabetes care. He admitted that when the resident stopped caring for herself after admission, he didn't know what to do. He stated he did what he thought was best by having staff assist her with her blood sugar checks and insulin. Severity: 3 Scope: 1	Y 775			
Y 783 SS=G	449.2726(2)(a)(b) Diabetes NAC 449.2726 2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his diabetes if: (a) The resident's physical and mental condition is stable and following a predictable course. (b) The amount of the medication prescribed to the resident for his diabetes is at a maintenance level and does not require a daily assessment. This Regulation is not met as evidenced by:	Y 783			

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Y 783	<p>Continued From page 4</p> <p>Based on record review, and staff interview on 4/30/09 through 5/15/09, the facility admitted a diabetic resident (Resident #1) who had medication that required a daily assessment.</p> <p>Findings include:</p> <p>Review of records on 4/30/09 revealed that Resident #1 was admitted to the facility on 11/13/08. She was diagnosed with insulin dependant diabetes mellitis which required her to test her blood sugar four times a day to determine how much of a fast acting insulin she would need. The amount of insulin the resident required varied and was on a "sliding scale."</p> <p>Refer to tags Y773 and Y775.</p> <p>Severity: 3 Scope: 1</p>	Y 783			

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